

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>600012</u>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
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TOTAL IND.	6						TOTAL IND.		
TOTAL DEP.	3						TOTAL DEP.		
TOTAL CLAIMS	9						TOTAL CLAIMS		